



Plan Development Questionnaire

In an effort to compile an overall recovery plan for continued business, it is necessary to consider what areas are priorities for <<AGENCY>>.

In the event a disaster of natural or man-made origin strikes either the building itself or the downtown area in general, certain information should be available regarding <<AGENCY>> processing requirements, staffing requirements, supplies, equipment, and space requirements. These items in particular will be required to insure the rapid and complete recovery of <<AGENCY>>.

Business resumption planning is a long and often tedious process for all concerned. It is difficult to determine exactly what is required and what may be considered time-sensitive from a recovery standpoint. There are two sections to this planning worksheet. The first section is designed for those planning team members who will be given responsibilities and authorization for overall recovery of <<AGENCY>>. They will need to decide on procedures for declaring a disaster, the chain of command, exactly how the cleanup process will work and who will be involved in that process.

The second section will ask several questions of each divisional manager in an attempt to make determinations regarding what will be required for each area within <<AGENCY>> to continue business at or near its present rate. Any supervisor wishing their division to be included in the overall business continuity plan will need to take some time and review each series of questions in the second section. Some of the areas may not pertain to specific divisions while other areas may be critical to continued operations of all divisions. It is important that all areas be completed and returned.

If you have questions, please contact any member of the Business Continuation Management group through our website at www.intertech.state.mn.us/bcm/.

SECTION I

This section is designed to give a basis from which to begin planning. It is to be completed from information obtained from a Business Impact Analysis, with the approval and additional information provided your Agency's Emergency Management Team.

INTRODUCTION

This area includes the statement of why your Agency has written a business continuation plan. You should include scenario information, sources of information, criteria used in the business impact analysis, plan layout, recovery team construction and statement(s) of responsibilities.

STATEMENT OF POLICY

Develop statements that outline the policies of your Agency regarding business continuation. Include Human Resource Policies, Crisis Communication Policies, Plan Development Policies, Plan Exercise Policies, etc.

Listed below are some questions you can ask to help management write these policies:

1. What is your Agency's policy on Response and Recovery Team's notification? The team members are critical to the notification, disaster declaration and recovery processes.
2. Will all the team members or just the team leader and alternates be required to wear a pager at all times? If not all the members are required, what is the acceptable impact on the recovery time objectives if the recovery teams members can not be reached until normal working hours.
3. Will those individuals who are required to wear a pager, get on-call pay as a result?
4. Under what circumstances should management be notified of an incident? Should it be when the outage is estimated to be longer than 8, 12, 24 hours?
5. If we want to keep our recovery time objectives as they are currently defined, this will require some of the team members to work 12-16 hours (weekends and/or the normal work week) during exercises or if a real incident should occur. Will your Agency provide food at the recovery centers, so these teams can meet their objectives without leaving the center?
6. What is your Agency's policy on the Recovery Teams reaching the recovery time objectives?
7. Will the Teams be required to reach the objectives that are currently defined or should these objectives be changed to reflect recovery during normal work hours? If yes, what if a disaster happens on Friday night?
8. Will comp time or overtime be granted to cover working longer than 8 hours, evenings and weekends?
9. Are you required to dispense work assignments by seniority?
10. Can employees refuse work assignments?
11. If vacations are scheduled that have been approved before a disaster is declared, can you cancel those vacations?
12. If the Commissioner of DOER decides employees will get paid for not working, what incentives are you going to offer to encourage those members of the teams to come to work?
13. Is there any other contract issue to be addressed?

OBJECTIVES

Identify the specific objectives your Agency's business continuation plan addresses. These should be short paragraphs or statements, which address specific components of an Agency's purpose, goals, vision or mission. Include a statement describing the approach your Agency is taking to accomplish the identified objectives.

SCOPE

The scope and limitations provide focus for the planning effort. The plan's scope should encompass all critical functions. The plan must be based on "Worst Case Scenario", which would include the inaccessibility or unavailability of your Agency's facility or building complex and all its contents. You should consider any identified hazards or peaks discovered in your Agency's business impact analysis. Based on your analysis of this information, your plan may have more than one scope and limitations.

ASSUMPTIONS

There are certain "givens" that will determine what steps will be taken and in what order. For instance, if the building is totally destroyed by an explosion, the idea of returning to the building at some point in time is out of the question. The plan being created should be built on some basic assumptions. This narrows the possibilities -- instead of writing one plan for fire, one plan for flood, one plan for explosion, there will be one plan written to cover an interruption, which would affect operations for 30 days or more, regardless of what type of incident. Under the assumed circumstances, the plan would take effect. If something outside the realm of those assumptions occurs, the plan base could be used and alternatives would have to be considered. You may have more than one plan assumption, based on the peaks identified through a business impact analysis.

Please list the basic assumptions made for the business continuation plan and list them on the following worksheet.

NOTE: The key word here is basic; don't get so detailed in the assumptions that the plan, when written, will have to be bound in several volumes. An example of a basic assumption might be: the loss of a single division or floor will not constitute a full scale shutdown, but will initiate those areas of the plan that pertain to that specific division or area of the agency.

<<AGENCY>> BUSINESS CONTINUITY PLAN ASSUMPTIONS

Disaster:

Worst-Case Interruption:

Different Scenarios if required:

Localized/Regional Emergencies:

Capitol Security if required:

Personnel:

Vital Records:

Computer Files:

Backup Storage Locations:

Internal and External Contacts:

Plan Documentation:

Response Phase:

Recovery Phase:

Resumption Phase:

Restoration Phase:

Recovery Time Frames:

Recovery Goals:

PLAN ACTIVATION

This area should cover several aspects of the recovery plan. Within this section should be a list of who is responsible and authorized for actions taken during a declared disaster. In addition, a communication plan should be outlined -- how the media will be handled, how the employees will be notified, who will be notified, etc. This section should also outline where the "command center" will be set up and what will be needed at that site.

AREAS OF RESPONSIBILITY:

<u>NAME</u>	<u>RESPONSIBILITY/AUTHORIZATION</u>	<u>HOME PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PUBLIC COMMUNICATION:

MEDIA SPOKESPERSON: _____

All AGENCY information regarding the disaster event will be released to the public and the media through the media spokesperson. NO OTHER EMPLOYEE SHALL BE AUTHORIZED TO RELEASE INFORMATION TO THE MEDIA.

The media spokesperson should provide an employee statement below. This statement will be the only statement other employees can make if approached by a media representative.

List below, the local television and radio stations in which all employees will be notified in the event of an emergency. NOTE: This information should be disseminated to all employees within the organization.

TELEVISION: Station _____ Channel _____ Telephone Number: _____

RADIO: Station _____ Channel _____ Telephone Number: _____
Station _____ Channel _____ Telephone Number: _____
Station _____ Channel _____ Telephone Number: _____

REPORTING STRUCTURE

The reporting structure has the potential to be different in your Agency's business continuation plan, than during normal operations. Not all areas of your normal operations will be activated in the event of a prolonged outage. Document a graphical representation of the business continuation teams reporting structure.

TEAM ROLES AND RESPONSIBILITIES

This area of the plan identifies each team identified in the reporting structure and a list of the team's responsibilities in the plan. The responsibilities should be short paragraphs or statements indicating high level responsibilities.

VENDOR RESPONSIBILITIES

This area contains documentation of the responsibilities of those vendors your Agency will need during the response and recovery phases of your business continuation plan, as well as any vendor your Agency uses that is a sole source. Include the priority your Agency has in the event of a community wide or multiple Agency event.

RECOVERY STRATEGIES

This area of your plan contains strategies to ensure the continuation of your Agency's response and essential functions. You should include emergency notification, media releases, vital records and alternate sites. Each business unit, under section II, will be asked some questions that will help assess the appropriate alternate site for that unit and should be taken into consideration when developing recovery strategies.

ALTERNATE SITES

In the event of a prolonged outage, please list the name and position of the individual, in conjunction with the Disaster Assessment Team, who will be authorized to declare a disaster:

Name: _____ Position: _____

Address: _____

City: _____ Zip: _____ Zip Extension: _____

Work Phone: _____ Home Phone: _____

Pager: _____ PIN: _____

Cell Phone: _____ Other Phone: _____

Once the decision has been made to declare a disaster, a centrally located facility will be activated. The Emergency Response Team will convene at this pre-arranged site to determine what steps must be taken to initiate the plan. Please identify two locations that have the basic command center requirements in the event of a disaster. Copy this page as many times as needed.

COMMAND CENTER LOCATION NAME: _____

Description: _____

*Location Type: P or A Square Footage: _____ Contact Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Fax: _____ Telephone: _____

Directions: _____

* LOCATION TYPE: Primary or Alternate

After disaster declaration, the recovery teams will be meet at various facilities to begin their recovery. The Teams will work at these pre-arranged sites during the recovery phase of their plan. Please use this form to document your Agency's recovery strategies. Copy this page as many times as needed.

BACKUP SITE LOCATION NAME: _____

Description: _____

*Location Type: P or A Square Footage: _____ Contact Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Fax: _____ Telephone: _____

Directions: _____

After disaster declaration, the Business Continuation Team, in conjunction with the Administrative Support Team, will be meet at the facility(s) where your Agency has stored critical backups needed for recovery. The Teams will retrieve these backups and distribute to the appropriate Backup Site Location. Please use this form to document your Agency's storage location(s). Copy this page as many times as needed.

OFF-SITE STORAGE LOCATION NAME: _____

Description: _____

*Location Type: P or A Square Footage: _____ Contact Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Fax: _____ Telephone: _____

Directions: _____

After the recovery phase, the Facilities Recovery Team will begin reconstructing or relocating your Agency's operation to a permanent location. Please use this form to document your Agency's recovery strategies. Copy this page as many times as needed.

RESTORATION SITE LOCATION NAME:

Description: _____

*Location Type: P or A Square Footage: _____ Contact Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Fax: _____ Telephone: _____

Directions: _____

* LOCATION TYPE: Primary or Alternate

SECTION II

CHECKLIST

This section is specifically for your division. Please develop a checklist that your group will follow in the event of a disaster situation.

It is better to think it through now while the pressure is off, than to try and determine several different things simultaneously while in the midst of panic. This will allow each supervisor to remain calm and quickly and rationally determine what should be done and in what order each task should be performed.

Perhaps some of the questions to be asked here are:

1. Is this a disaster?
2. What should be done first?
3. Does it require an evacuation of personnel?
4. Who will assist the disabled in the evacuation?
5. Who is responsible for the "head-count"?
6. Who should be contacted?
7. Should the area and the data within it be secured?
8. Who should relocate to the local alternate locations, who should leave for the hot-site and who should remain at home?
9. What if the primary people are missing?
10. Where should the group re-organize?
11. Who has a copy of the plan?
12. What is the highest priority for recovery?
13. What have I missed?

PROCESS IDENTIFICATION

- 1A. Due to potential space restrictions at our alternate locations, please indicate your area's time-sensitive processes/functions. Including the minimum number of employees required for completing those processes/functions and how long it takes to complete the recovery (RTO).

Current staff numbers: _____

Response Phase

Process/Function	Minimum # of Employees	RTO
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recovery Phase

Process/Function	Minimum # of Employees	RTO
_____	_____	_____
_____	_____	_____
_____	_____	_____

Resumption Phase

Process/Function	Minimum # of Employees	RTO
_____	_____	_____
_____	_____	_____
_____	_____	_____

Restoration Phase

Process/Function	Minimum # of Employees	RTO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1B. Please describe each process and/or function your group performs during normal operations or would need to perform because of a prolonged outage. Circle the phase in which this process/function would begin. Include how long this process can remain idle (Allowable Delay) and the time needed to recover this process (RTO). Because many functions have the same allowable delay, please provide a Critical Rating and a Priority Sequence to prioritize this function. If this is a computer process, please indicate whether this application is backed up or not. Please complete question 1C for each process, providing descriptions of any specific tasks/procedures or other documenting details, which would be needed by someone with similar skills, but not normally performing this task. **Copy this page as many times as needed.**

Phase: Response Recovery Resumption Restoration

Process: _____

Group Responsible: _____

Critical Rating: A B C D Priority Sequence: 1 2 3 4 5 6

Allowable Delay: _____

* Type: B or C Coordinator: _____

RTO: _____ Hours/Days † Frequency: _____ Backup? Yes / No

Does this process adhere to a schedule, e.g. payroll? _____

Insurance Coverage? Yes or No Dollar Amount? _____

Phase: Response Recovery Resumption Restoration

Process: _____

Group Responsible: _____

Critical Rating: A B C D Priority Sequence: 1 2 3 4 5 6

Allowable Delay: _____

* Type: B or C Coordinator: _____

RTO _____ Hours/Days † Frequency: _____ Backup? Yes / No

Does this process adhere to a schedule, e.g. payroll? _____

Insurance Coverage? Yes or No Dollar Amount? _____

† FREQUENCY - Daily, Weekly, Bi-Weekly, Semi-Monthly, Monthly, Quarterly, Semi-Annually, Annually, On Demand, Variable

*TYPE – Indicate a B for a business process or a C for a computer application

- 1C. List a description of the tasks, which make up of the process and/or functions and indicate the team member responsible for the processes/functions during each phase. Describe here any specific procedures or additional documenting information for each process and/or responsibilities. Circle the phase in which this process would begin. **Copy this page as many times as needed.**

Phase: Response	Recovery	Resumption	Restoration
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Process: _____ **Person Responsible:** _____

Task # __: _____ Estimated Duration: _____ Hours † Initial? Y / N * Coordinator? Y / N

Procedures/Additional Information: _____

Dependent Tasks: _____

Phase: Response	Recovery	Resumption	Restoration
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Process: _____ **Person Responsible:** _____

Task # __: _____ Estimated Duration: _____ Hours † Initial? Y / N * Coordinator? Y / N

Procedures/Additional Information: _____

Dependent Tasks: _____

† INITIAL – Circle Y if this task needs to be performed before other tasks can be competed.
 * COORDINATOR – Circle Y if this task can be completed by a Business Continuation Coordinator.

OPERATING REQUIREMENTS

The remaining questions in this survey outline the requirements of this team to complete their processes/functions. Requirements may include physical items (desks, PC's, records), services (mainframe or server applications, telephone services) and information (phone numbers of vendors or other external contacts, names of employees who will participate in the recovery).

APPLICATIONS

2. List all applications, databases, data files, and server-resident software accessed through the network that you require when performing your processes/functions. Include all computer application processes indicated in question 1B. Do not include software stored on personal computers, which will be described later in Question 11. Circle the phase when your team needs this application. **Copy this page as many times as needed.**

Phase: Response Recovery Resumption Restoration

Computer Application Form:

Application Name:	_____	
Application Owner:	_____	Server: _____
Platform:	_____	System ID: _____
Run Frequency:	_____	
Development Language:	_____	
File Structure:	_____	
Executable Location:	_____	
Source Code Location:	_____	
System Documentation:	_____	
User Documentation:	_____	
Operations Document:	_____	
Restoration Document:	_____	
Using Divisions:	_____	

3. Computer Application Testing Team

(This is the person(s) that will test the application once the system comes up again to make sure all screens are functioning as before.)

Name: _____

Phone: _____

Name: _____

Phone: _____

Chain of Command for the Team:

Team Name: _____

Team Leader: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Pager: _____ PIN: _____

Cell Phone: _____ Other Phone: _____

First Alternate: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Pager: _____ PIN: _____

Cell Phone: _____ Other Phone: _____

Second Alternate: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Pager: _____ PIN: _____

Cell Phone: _____ Other Phone: _____

Reporting Structure:

Team Leader reports to: _____

Team is dependent on the following Team(s): _____

SKILLS INVENTORY

The following is a list used in the determination of basic job skills within your division. The purpose of identifying skills is to determine whether or not there will be personnel available in the event of a disaster to cover the workload of your division. In a time of crisis, there may be another non-time sensitive divisions with personnel that have the same or similar job skills required to perform the tasks within your area. If your staff is not full-strength, a skills inventory will assist in finding temporary help within the Agency until your division personnel can be replaced. In addition, some of your people may be laid off until the work level is at full production again. A skills inventory would allow some people to continue to work in other areas rather than face a potential lay-off.

Please complete this form, by indicating the employee and highlighting their skills. This may be a skill that they have from another position, even if they do not use them in their current position. Indicate the level of experience they have with each skill. **Copy this page for all employees in your area.**

First Name: _____ Last Name: _____

Employee ID: _____

HARDWARE	Skill Level	# of years used	Date Last Used
AS/400			
Aspect ACD			
Centrex Features			
DEC/VAX			
Digital			
HP9000			
IBM Mainframe			
IBM PC & Compatibles			
Macintosh			
Periphonics IVR			
RISC/6000			
Silicon Graphic			
SUN Sparcstation			
Tandem			
Teloquent ACD			
TRU Server			
X-Terminal			
OPERATING SYSTEMS	Skill Level	# of years used	Date Last Used
AIX			
DOS			
HP UNIX			
MAC OS			
MVS			
Novell NetWare			
OS 390			
OS 400			
OS2			
SCO UNIX			
UNIX			
VM			
VMS			
Windows (Version?)			

Skill Level: 1 = Training, 2 = Applied, 3 = Proficient, 4 = Advanced, 5 = Expert

DATABASES	Skill Level	# of years used	Date Last Used
Access			
ADABAS			
DB2			
FOCUS			
FoxPro			
IDBMS			
IMS			
Informix			
INGRES			
MS SQL Server			
Oracle			
Paradox			
PeopleSoft			
Progress			
SAP			
Supra			
Sybase			
Watcom DB			
Other:			
LANGUAGES & 4 th GL's	Skill Level	# of years used	Date Last Used
Assembler			
C			
C++			
CICS			
Clarion			
COBOL			
Delhpi			
Easytrieve			
Focus			
FORTTRAN			
JCL			
MFC			
Natural			
Nomad			
Pascal			
PL1			
PowerBuilder			
REXX			
RPG			
SAS			
Smalltalk			
SQL			
Visual Basic			
Visual C++			
Visual FoxPro			
Other:			

Skill Level: 1 = Training, 2 = Applied, 3 = Proficient, 4 = Advanced, 5 = Expert

NETWORKS/TELECOM/EMAIL	Skill Level	# of years used	Date Last Used
10 Base T			
100 Base T			
1000 Base T			
3 Com			
3+Open			
APPC/LU 6.2			
AppleTalk			
Arcnet			
Attachmate			
Asynchronous Transfer Mode (ATM)			
Banyan Vines			
Bridges			
Cabling			
CSUs/DSUs			
Decnet			
EMC/TAO System Programming			
EMC/TAO Administration			
Ethernet			
FDDI			
Fiber			
FrameRelay			
Gupta Gateway			
Hubs			
IPX/RPC Messaging			
IPX/SPX			
ISDN			
LAN Manager			
LAN Server			
Lotus Notes			
CC:Mail			
MS Exchange/Mail			
Netman			
Network Interface Cards (NIC)			
NT Server			
NT Workstation			
MS Exchange Server			
Novell Server			
Outlook 97			
Outlook 98			
Pathworks			
POP Mail Specialist			
Multiplexers			
Repeaters			
Routers			
SMTP			
SNA			
SONET			
TCP/IP			
Tel			
Token Ring			
VTAM			
Netscape			

Skill Level: 1 = Training, 2 = Applied, 3 = Proficient, 4 = Advanced, 5 = Expert

SOFTWARE /APPLICATIONS	Skill Level	# of years used	Date Last Used
ACF2			
AFP Programming			
AGPS – Procurement			
ARS Order Entry			
BIA Professional			
CA7 Administration			
CA7 Programming			
CM Specialist			
CMS Specialist			
CorelDraw			
FRS – Accounts Receivable			
FRS – Accounts Payable			
FrameMaker			
GemDraw			
Harbor Programming			
Harbor User			
Harvard Graphics			
InfoPac Programming			
InfoPac User			
LDRPS Administrator			
LDRPS User			
Lotus 1-2-3			
Lotus Approach			
Lotus SmartSuite			
MAC Software			
MS Excel			
MS PowerPoint			
MS Project			
MS Word			
Microfiche Processing			
Pagemaker			
Perimeter ACD Programming			
Photoshop			
Printer Operator (3800, etc.)			
QuarkXpress			
Quattro Pro			
RACF			
SEMA4 – Payroll			
Sunrise Administration			
Sunrise Programming			
Sunrise User			
TMS System Programming			
TMS Administration			
TN3270			
TSO System Programming			
TSO User			
Ventura			
VISIO			
Voice Mail Administration			
WordPerfect			

Skill Level: 1 = Training, 2 = Applied, 3 = Proficient, 4 = Advanced, 5 = Expert

INTERNET DEVELOPMENT	Skill Level	# of years used	Date Last Used
HTML			
J++			
JAVA			
JAVA Applets			
JAVA Scripts			
Jscript			
Perl			
Other:			
DEVELOPMENT TOOLS	Skill Level	# of years used	Date Last Used
Designer 2000			
Developer 2000			
Expeditor			
IBM Utilities			
IEF			
InterTest			
Mumps			
Oracle Forms			
Oracle Reports			
Panvalet			
QMF			
Telon			
Other:			

Skill Level: 1 = Training, 2 = Applied, 3 = Proficient, 4 = Advanced, 5 = Expert

PROFESSIONAL CERTIFICATION	Data Achieved
MS Certified Systems Engineer	
MS Certified Solution Developer	
MS Certified Product Specialist	
MS Certified Trainer	
Lotus Certified Application Developer	
Lotus Certified System Administrator	
Lotus Certified Notes Consultant	
Lotus Certified Mail Specialist	
Certified Netware Administrator	
Certified Netware Engineer	
Certified Netware Trainer	
A+	
CPR	
First Aid	
Certified Business Continuity Professional	
Other:	

INDUSTRY/DISCIPLINE	Skill Level	# of years	Date Last Used
Accounting			
Agriculture			
Banking			
Brokerage			
Budget			
Business Systems Analyst			
Collections			
Computer Operator			
Database Administrator			
Desktop Publishing			
Distribution			
Education			
Electrician			
Engineering			
Environmental Specialist			
Financial			
Government			
Help Desk/Software Support			
Hospital			
HRIS			
Human Resources			
Insurance			
Inventory Control			
ISO 9000			
ISO 9001			
Manufacturing			
Medical			
Mortgage			
Network Analyst			
Network Support			
Network Administrator/Engineer (CNA/CNE)			
Nuclear Power			
Payroll			
PC Technician			
PC Specialist			
Pharmaceutical			
Point-of-Sale			
Programmer/Analyst Jr.			
Programmer/Analyst Sr.			
Project Management			
Software/Applications Engineer			
Stock Market			
System Administrator/Engineer			
Switchboard/Receptionist			
Technical Trainer			
Technical Writer			
Telecommunications Specialist			
Traffic Control			
Transportation			
Utilities			

Skill Level: 1 = Training, 2 = Applied, 3 = Proficient, 4 = Advanced, 5 = Expert

EMPLOYEES

4. Please identify the employees in your group, and indicate the employees who will participate in a recovery effort (i.e. are members of the Recovery Team for this group).

Employee ID: _____

First Name: _____ Last Name: _____

Title: _____

Home Address: _____

City: _____ ST: _____ Zip: _____ Zip Extension: _____

Home Phone: _____ Work Phone: _____

Pager: _____ PIN: _____ Cellular: _____

Email Address: _____

Normal Work Information:

Work Shift: First Second Third Card Key Access: Yes or No

Days You Normally Telecommute: M T W Th F

Recovery Information:

* Team Member: L A M S Emergency: Yes or No Priority: _____

Remote Site Access: Yes or No Local Site Access: Yes or No

Off-site Storage Access: Yes or No Command Center Access: Yes or No

Emergency Contact Information:

Primary Contact Name: _____ Work Shift: First Second Third

Work Phone: _____ Ext: _____

Home Phone: _____ Other Phone: _____

Alternate Contact Name: _____ Work Shift: First Second Third

Work Phone: _____ Ext: _____

Home Phone: _____ Other Phone: _____

*Team: L - Leader A - Alternate Leader M – Member S - Staff

EMPLOYEE CALL TREE

5. Construct a call tree below. **Copy this page if required.**

Initiator: _____

Initiator Calls:

Who Calls:

Who Calls:

EMPLOYEE NEEDS

6. Complete the following questions. Complete questions B through D for each phase listed.

- A. List any / all personnel who have passed CPR and First Aid Training, including their current location (i.e. building, floor, direction, etc.) (e.g. COB, 5th Floor, North, etc.)

Name	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Response Phase:

- B. How many others not named in question 4 (temps, outside consultants, etc.) are needed to resume your time sensitive functions? _____
- C. How many “workstations” will your group need at an alternate location to resume your time-sensitive functions? _____
- D. How much additional floor space will your group need for equipment or other requirements? _____

Recovery Phase:

- E. How many others not named in question 4 (temps, outside consultants, etc.) are needed to recover your time sensitive functions? _____
- F. How many “workstations” will your group need at an alternate location to recover your time-sensitive functions? _____
- G. How much additional floor space will your group need for equipment or other requirements? _____

Resumption Phase:

- H. How many others not named in question 4 (temps, outside consultants, etc.) are needed to recover your time sensitive functions? _____
- I. How many “workstations” will your group need at an alternate location to recover your time-sensitive functions? _____
- J. How much additional floor space will your group need for equipment or other requirements? _____

VITAL RECORDS

7. List all vital records (documents, records, manuals, etc.) you need to recover or perform your processes/functions. Please fill out Section One's off-site storage location information for each location indicated. Circle the phase when your team needs the resources. **Copy this page as many times as needed.**

Phase:	Response	Recovery	Resumption	Restoration
Record Name:	_____			
Division:	_____		RTO:	_____
*Media Type:	_____			
Origin Source:	_____		Alternate Source:	_____
Archive Information:				
Archived?	Yes / No		Backed Up?	Yes / No Location: _____
Last Update:	_____		Next Update:	_____

Phase:	Response	Recovery	Resumption	Restoration
Record Name:	_____			
Division:	_____		RTO:	_____
*Media Type:	_____			
Origin Source:	_____		Alternate Source:	_____
Archive Information:				
Archived?	Yes / No		Backed Up?	Yes / No Location: _____
Last Update:	_____		Next Update:	_____

*Media Type: Paper File, Computer Report, Data Backup, Manual, Fiche, Form, Currency, Stamps, Other

SUPPLIES

8. List all supplies and/or preprinted forms needed to recover or perform your processes/functions. Please fill out Section One's off-site storage location information for each location listed and question 18 for every vendor listed. Circle the phase when your team needs the resources. **Copy this page as many times as needed.**

Phase: Response Recovery Resumption Restoration

Description: _____

† Form Type: _____ Form #: _____

* Category: _____ Current Location: _____

Off-site Vault? Yes / No

Stock Agreement: Yes / No

Quantity on Hand: _____

Minimum Quantity: _____

Daily Usage: _____

Lead Time: _____

Vendor Name: _____

Supplies Required Over Time:

<24 Hours: _____ 24-48 Hours: _____ 48-72 Hours: _____ Day 4: _____

Day 5: _____ Week 2: _____ Week 3: _____ Week 4: _____

*Category: Office Supplies, Printer Supplies, Data Storage, Form, etc.

† Form Type: Paper Form, Internet Form, PC Generated Form

EQUIPMENT

9. List all equipment (PC, terminals, printers, fax, copiers, general furniture, telephones, etc.) that you need to perform your processes/functions or to access the applications, databases, data files, etc., described in question 1 and 2. Enter the equipment's cooling requirements (BTU) and the equipment's power consumption rate (KVA). Circle the phase when your team needs the resources. **Copy this page as many times as needed.**

Phase: Response Recovery Resumption Restoration

* Equipment Group: _____ † Equipment Type: _____

Description: _____

Total Qty Required: _____ Status: Active or Spare

Purchase Information

Current Location: _____ Ownership: _____

Date Purchased: _____ Salvage Value: _____

Depreciation Rate: _____ Current Value: _____

Insurance Coverage: Yes or No Insurance Value: _____

Vendor to Supply Item: _____

Critical Lead Time: _____ Lead Time: _____ MA Level: _____

Electronic Equipment

Model #: _____ Sub-Model #: _____

Serial #: _____ Device Address: _____ Footprint: _____

Weight: _____ BTU: _____ KVA: _____

Peripherals normally included: _____

** Connection Type: _____

Equipment Required Over Time:

<24 Hours: _____ 24-48 Hours: _____ 48-72 Hours: _____ Day 4: _____

Day 5: _____ Week 2: _____ Week 3: _____ Week 4: _____

* Equipment Group: Communications, Office, Printers, General Furniture

** Connection Type: SNA, Non-SNA, TCP/IP, etc.

† Equipment Type: Data Communications, Mainframe, Office Communication, Office Equipment, Servers

SOFTWARE

10. List all software installed locally (not accessed through any network connection) that your group requires to perform your processes/functions. NOTE: Do not include any items that you listed under question 2. Circle the phase when your team needs the resources. **Copy this page as many times as needed.**

Phase:	Response	Recovery	Resumption	Restoration
Software Description:	_____			* Software Type: _____
Level:	_____			Release: _____
License #:	_____			Qty: _____
Platform:	_____			Server: _____
Space Required:	_____			Library Information: _____
Serial # Dependent?	Yes / No			Time Sensitive? Yes / No
Owner:	_____			Run Frequency: _____
Vendor Name:	_____			

Software Required Over Time:

<24 Hours: _____	24-48 Hours: _____	48-72 Hours: _____	Day 4: _____
Day 5: _____	Week 2: _____	Week 3: _____	Week 4: _____

* Software Type: Word Processing, Spreadsheet, Graphics, Database, etc.

11. Does anyone in your group receive files or data from anyone outside your organization, via modem, dial-up connection, diskettes, etc. Please list any special hardware needed for data transmissions in question 9. If so:

How many computers in your group receive this data? _____ Connection: _____

How many outside sources give you data? _____

SPECIAL REQUIREMENTS

12. If your group has any special requirements at an alternate location that would affect the choice of a physical facility (i.e. raised flooring, privacy dividers, regulatory requirements, etc.) please describe these needs in detail.

13. Does your group require face-to-face interaction with clients, customers, investors, or vendors that an alternate location must accommodate? YES / NO

TELECOMMUNICATIONS

14. List the telephones and associated phone services that your team requires while performing your processes/functions. Circle the phase when your team needs the resources.

Phase:			
Response	Recovery	Resumption	Restoration
QTY	Phone Type	Feature / Services	RTO
_____	_____	_____	_____ H / D
_____	_____	_____	_____ H / D
_____	_____	_____	_____ H / D
_____	_____	_____	_____ H / D
_____	_____	_____	_____ H / D

15. List all phone numbers, which must be forwarded to the alternate location where your team will resume operations in the event of a prolonged outage. Circle the phase when your team needs the resources.

Phase:		
Response	Recovery	Resumption
Phone Number	* Line Type	Features / Services
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Line Type: Voice, FAX, ISDN, Analog, etc.

CUSTOMERS

16. List the customers whom your team must contact (either to notify them or to request assistance) in the event of a prolonged outage. Circle the phase when your team will be contacting the customers.
Copy this page as many times as needed.

Phase: Response Recovery Resumption Restoration

Organizational Information for Customers:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Fax: _____ Telephone: _____

Customer Representative Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

E-mail Address: _____

Priority (Circle one): Primary Alternate 1 Alternate 2

Service Information:

Service you provide them? _____

Dept. Code: _____ Charge Code: _____

System Code: _____ Priority: _____

Internal Contact:

Team Member Responsible for Account: _____

VENDORS

17. List the vendors, business partners or other external contacts whom you must contact (either to notify them or to request assistance) in the event of a prolonged outage. **Copy this page as many times as needed.**

Organizational Information:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Fax: _____ Telephone: _____

Primary Contact: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Zip Extension: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Category: _____

Purchase Order Number: _____

Product/Service/Reason: _____

Item provided: _____

Lead Times Emergency: _____ Normal: _____

Written Disaster Recovery Agreements: _____

Blanket Agreement: _____

Blanket Agreement Number: _____

Procedural Notes: _____

List an alternate vendor for this product/services: _____

Internal Contact:

Team Member Responsible for Account: _____

DEPENDENCIES

18. List any interactions with other units in the agency that will be required during the recovery. Circle the phase when the dependency would begin.

Include:

- D – Groups that you depend on in some way to resume operations
- N – Groups that you must be physically near during the recovery
- C – Groups that you must contact via telephone to notify of your recovery status

NOTE: If you are critically dependent on the mailroom, please indicate whether the dependency is on incoming or outgoing mail.

Phase:	Response	Recovery	Resumption	Restoration
Unit Name	Contact Name	Interaction	RTO	
_____	_____	C / N / D	_____ H / D	
Reason: _____				
Team Member Responsible for contacting: _____				
Unit Name	Contact Name	Interaction	RTO	
_____	_____	C / N / D	_____ H / D	
Reason: _____				
Team Member Responsible for contacting: _____				
Unit Name	Contact Name	Interaction	RTO	
_____	_____	C / N / D	_____ H / D	
Reason: _____				
Team Member Responsible for contacting: _____				
Unit Name	Contact Name	Interaction	RTO	
_____	_____	C / N / D	_____ H / D	
Reason: _____				
Team Member Responsible for contacting: _____				

TECHNOLOGY

19. For each infrastructure or technology service that you are responsible for restoring from a prolonged outage, list the line requirements. Ask the Network Recovery Team to provide you with the alternative connection you will be using during the response, recovery, resumption and restoration phases. Circle the phase when your team would need the resources. **Copy this page as many times as needed.**

Phase: Response Recovery Resumption Restoration

Circuit Number: _____

Traffic Volume: _____ Type of Line: _____

Route: _____ Dedicated? Yes / No

Speed: _____ Protocol: _____ Closet #: _____

Critical Lead Time: _____ Normal Lead Time: _____

Percent Utilized: _____ Units: _____ Rental Cost: _____

Alternative Connection: _____

Vendor: _____

MA Costs: _____ Qty: _____

Telecommunications Required Over Time:

<24 Hours: _____ 24-48 Hours: _____ 48-72 Hours: _____ Day 4: _____

Day 5: _____ Week 2: _____ Week 3: _____ Week 4: _____

20. For each Telecommunications HUB that you are responsible for restoring from a prolonged outage, list the profile requirements. Circle the phase when your team would need the resources.
Copy this page as many times as needed.

Phase: Response Recovery Resumption Restoration

HUB PROFILE

HUB Name: _____

HUB Location: _____

HUB Type: _____ HUB Part Number: _____

Ring Number: _____ IP Address: _____

Number of Cards: _____ Type of Cards: _____

HUB Management Module: _____

Firm Version: _____ Release #: _____

Attached Devices: _____

Server: _____

RTO: _____

21. For each Telecommunications Router that you are responsible for restoring from a prolonged outage, list the profile requirements. Circle the phase when your team would need the resources.
Copy this page as many times as needed.

Phase: Response Recovery Resumption Restoration

ROUTER PROFILE

Name: _____

DNS Name: _____ Bandwidth: _____

Location: _____ Router Type: _____

Memory Size: _____ NVRAM Size: _____

Processor: _____ Processor Board Serial #: _____

Interface Description: _____

Interface IP Address: _____ Subnet Mask: _____

Interface Hardware: _____ Interface Circuit ID: _____

Software: _____

Version #: _____ Release #: _____

Access Filter List: _____

RTO: _____

Software Notes: _____

Hardware Notes: _____

22. For each Server that you are responsible for restoring from a prolonged outage, list the profile requirements. Circle the phase when your team would need the resources.
Copy this page as many times as needed.

Phase: Response Recovery Resumption Restoration

SERVER PROFILE

Name: _____

Type: _____ Manufacture: _____

Model: _____ Platform: _____

Server Location: _____

Memory Size: _____ Hard Disk Size: _____

Processor: _____ Serial Number: _____

IP Address: _____ Ring Number: _____

Number of Workstations: _____ Number of Printers: _____

Network Operating System: _____

Version #: _____ Release #: _____

Netware Limits: _____

	1	2	3	4	5	6	7	8
Physical Volumes								
Logical Volumes								
System Logical Volumes								
Adapters								

RTO: _____